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The City of Lynchburg, Virginia

1219 MAIN STREET, LYNCHBURG, VA 24504 (434) 455-4485 FAX (434) 847-1552 www.lynchburgcommunitymarket.com

PARKS AND RECREATION DEPARTMENT

SPECIAL EVENT DAY VENDOR

LYNCHBURG COMMUNITY MARKET
APPLICATION FOR STALL RENTAL TO SELL
PRODUCE, FARM PRODUCTS, HOMEMADE FOOD GOODS, or RESELL PRODUCE

NAME OF EVENT APPLIED FO	R:			DA	ATE:	
Event Fee \$ per	day	Number of Days		Total F	ee \$	
I hereby apply to sell at the Lync	hburç	g Community Market.				
Primary Seller						
Other People Authorized To Sell Homemade Food Goods at You				W2007		
Business Name(If applicable)				(4)		
Mailing Address:		CITY	e ez	STATE	ZIP	
Phone # (Home)		(Work)		(Cell)		
E-Mail:		Web Site	:			
Business License #			State	Tax #		
Agriculture Inspection Report #	(if ap	olicable)				
The LCM requires that a Kitcher goods more than 1 day.			ficate	must be attac	ched if selling	j baked
Please check appropriate pro Certified Virginia Grown Home- Produced Goods specify	()	Re-Sell Produce Flowers/Plants	()) Home-Bake) Event Relat	d Goods ed Goods/Cr	afts –
Please give a detailed descripattach), your target market and						
						_
(continued on 2 nd nage)						